

Livestock Equipment • Livestock Feed Storage • Cattle Genetics • Hay Storage • Grain Storage
TAEP COST SHARE APPLICATION 2008-2009

Office Use Only – Date: Postmark or Hand-delivered		STARS:	YES	NO																					
PLEASE PRINT CLEARLY																									
1. APPLICANT INFORMATION – (ONLY ONE APPLICATION PER FISCAL YEAR)																									
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Other	Social Security Number																				
					<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Federal Tax Identification #																									
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Farm Name:																									
Producer Mailing Address (#1) Street: City: State: TENNESSEE Zip:			Home Phone #: Cell Phone #: E-mail Address:																						
2. PREMISES INFORMATION																									
Premises Acct #:	Premises ID #:	Farm Address (#2) – physical location of farm <input type="checkbox"/> Same as mailing address listed above																							
➤ Applicants with livestock on their premises must register their premises with the State of Tennessee to be eligible for cost share. ➤ Applicant name must match premises account to be eligible. ➤ Only one application per premises per household allowed each fiscal year.		Street: City: State: TENNESSEE Zip:																							
		County where farm is located:																							
		(Empty box for county name)																							
		(Empty box for county name)																							
3. EDUCATIONAL INFORMATION																									
Beef Quality Assurance – Required for CATTLE			Pork Quality Assurance – Required for SWINE																						
<input type="checkbox"/> No <input type="checkbox"/> Yes	BQA Certification #	Expiration Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes	PQA Certification #	Expiration Date:																				
UT Master Beef Producer <i>Required for 50% Cost Share Eligibility for CATTLE ONLY</i>			UT Master Meat Goat Producer <i>Required for 50% Cost Share Eligibility for GOATS/SHEEP ONLY</i>																						
<input type="checkbox"/> No <input type="checkbox"/> Year Completed _____ <input type="checkbox"/> Plan to attend			<input type="checkbox"/> No <input type="checkbox"/> Year Completed _____ <input type="checkbox"/> Plan to attend																						
County where course is held: _____			County where course is held: _____																						
UT Quality Milk Program (Dairy) <i>Required for 50% Cost Share Eligibility for DAIRY ONLY</i>			➤ Course/certification must be completed by applicant. ➤ Farm managers or spouses cannot be substituted. ➤ Master certification must be completed prior to program reimbursement deadline.																						
<input type="checkbox"/> No <input type="checkbox"/> Year Completed _____ <input type="checkbox"/> Plan to attend <i>Must complete 3 or more modules to be eligible for 50% cost share.</i>																									
CONTINUED																									

4. LIVESTOCK AND ACREAGE INFORMATION: Check type of livestock/acreage on your operation and LIST NUMBER OF HEAD OR ACRES in box below.

<input type="checkbox"/> Beef	<input type="checkbox"/> Dairy*	<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep	<input type="checkbox"/> Broilers	<input type="checkbox"/> Layers	<input type="checkbox"/> Swine	<input type="checkbox"/> Hay	<input type="checkbox"/> Corn	<input type="checkbox"/> Soybeans	<input type="checkbox"/> Wheat	<input type="checkbox"/> Other	
#hd	#hd	#hd	#hd	#hd	#hd	#hd	#ac	Total number of acres in crop production:				#ac

* Dairy Permit Number:

5. COST SHARE REQUEST SUMMARY - \$250 Minimum Request Per Program

Important: Failure to utilize allocated funds can affect eligibility for future programs.

Program	Livestock/Acreage Minimum Requirements <i>Must meet at least one requirement per program</i>	Eligible Items	COST QUOTE with contact info	35% Cost Share Standard Producer	50% Cost Share Master Producer	TOTAL Cost Share Requested	Office Use Only
Livestock Equipment & Handling Facilities	CATTLE – 15 HEAD GOATS/SHEEP – 30 HEAD	See Section A (page 4)	Not Required	<input type="checkbox"/> \$3,500 MAX	<input type="checkbox"/> \$3,500 MAX	\$ <input type="checkbox"/> No Request	<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Feed Storage	CATTLE – 40 HEAD GOATS/SHEEP – 80 HEAD BROILERS – 10,000/YR LAYERS – 5,000/YR SWINE – 40 HEAD	See Section B (page 5)	Cost Quote Required with application	<input type="checkbox"/> \$10,000 MAX	<input type="checkbox"/> \$15,000 MAX	\$ <input type="checkbox"/> No Request	<input type="checkbox"/> A <input type="checkbox"/> D
Cattle Genetics	CATTLE – 15 HEAD	See Section C (page 6)	Not Required	<input type="checkbox"/> \$1,200 MAX	<input type="checkbox"/> \$1,200 MAX	\$ <input type="checkbox"/> No Request	<input type="checkbox"/> A <input type="checkbox"/> D
Hay Storage	CATTLE – 15 HEAD GOATS/SHEEP – 30 HEAD HAY – 50 ACRES	See Section D (page 7)	Cost Quote Required with application	<input type="checkbox"/> \$5,000 MAX	Not Available	\$ <input type="checkbox"/> No Request	<input type="checkbox"/> A <input type="checkbox"/> D
Grain Storage	GRAIN – 100 ACRES	See Section E (page 8)	Cost Quote Required with application	<input type="checkbox"/> \$15,000 MAX	Not Available	\$ <input type="checkbox"/> No Request	<input type="checkbox"/> A <input type="checkbox"/> D

I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs. I also understand that failure to utilize allocated funds can affect eligibility for future programs.

SIGN HERE

X _____
 Producer Signature

 Print Name

 Date

CHECKLIST FOR APPLYING

- Application – completed & signed
- Substitute W-9 – completed & signed
- Copy of Master Producer Certification, required for 50% cost share
- Cost Quote, if required

NO FAXES ACCEPTED

Mail to: TN Dept. of Agriculture
 Attn: TAEP FY08-09
 P.O. Box 40627
 Nashville, TN 37204

Applications must be hand-delivered or postmarked between June 2 – August 1, 2008.

REQUIRED FOR APPLICATION APPROVAL

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____



TAEP PROJECT BUDGET WORK SHEET

Producer Name: _____

Circle Program
Worksheet Applies To:
One Worksheet Per Program

Livestock Feed
Storage

Hay
Storage

Grain
Storage

Sample Budget

Item Description	Source of Cost Quote	Cost	Cost Share %	Cost Share Request
60x40x16 Pole Barn w/ 2 side walls	Chick's Custom Construction 931-020-1011 *See attached written cost estimate	\$12,500.00	35%	\$4,375.00
Gravel - 5 loads	Davidson Stone Co. 615-000-2222	\$625.00	35%	\$218.75
Total Amount of Cost Share Requested:				\$4,593.75

ACTUAL PROJECT BUDGET

Item Description <i>Length, Width, Height</i>	Source of Cost Quote <i>Include Vendor Contact Info</i>	Cost	Cost Share %	Cost Share Request

Total Amount of Cost Share Requested: \$

1. Include all items/activities necessary to complete project
2. Attach copy of written cost estimate from vendor for each item
3. Include contact information for source of cost quotes

Application Checklist

- ☐ **Do you meet the eligibility requirements?**
- ☐ **Do you have your Premises ID?** *This is a requirement for applicants with livestock. Applicant's name must match the name listed on premises account to be eligible for cost share.*
- ☐ **Do you have the demonstrated ability and financial capacity to complete the project(s) you have requested cost share for?** *(Failure to utilize allocated funds can affect eligibility for future program participation.)*
- ☐ **Have you completed all sections of the application?** *It is very important to fill in all blanks and check the appropriate boxes when requested. Incomplete answers will result in no allocation.*
- ☐ **Did you sign your application?**
- ☐ **I understand that I can only submit one application per fiscal year for Livestock Equipment, Livestock Feed Storage, Genetics, Hay Storage and Grain Storage (pages 11-12) and one application for Producer Diversification (pages 13-14).**
- ☐ **Did you sign and include Substitute W-9?** *Cost share reimbursement will be mailed to address listed on W-9.*
- ☐ **Did you include a project budget with cost quotes, including the source of the quote(s) and contact information, with your application?** *Livestock Feed Storage, Hay Storage, and Grain Storage programs REQUIRE a project budget to be submitted along with the application. This budget will determine the exact amount of cost share allocated for the project. Producer Diversification applicants must complete application proposal which requests similar information.*

Sample Format

Item Description	Source of Cost Quote	Cost	Cost Share%	Cost Share Request
60x40x16 Pole Barn w/ 2 side walls	Chick's Custom Construction 931-020-1001 *See attached written cost estimate	\$12,500.00	35%	\$4,375.00
Gravel — 5 loads	Davidson Stone Co. 615-000-2222	\$625.00	35%	\$218.75
Total Amount of Cost Share Requested:				\$4,593.75

- ☐ **I understand that the minimum cost share request per program is \$250.00.**
- ☐ **Did you make a copy of your application and support documentation for your reference?**

TAEP Contact Information

livestock.improvement@state.tn.us
hay.storage@state.tn.us
livestock.feedstorage@state.tn.us
grain.storage@state.tn.us
ag.growth@state.tn.us

Tennessee Agricultural Enhancement Program
Tennessee Department of Agriculture
Ellington Agricultural Center
P.O. Box 40627
Nashville, TN 37204

Information Line
1.800.342.8206

